

**MONROE COUNTY HEALTH DEPARTMENT
APPLICATION FOR LEVEL I FOOD HANDLER TRAINING COURSE**

PLEASE PRINT

Last Name

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First Name, Middle Initial

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Number and Street Address, Apartment #

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City, State & Zip Code

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Daytime Telephone Number (Please include Area Code)

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Place of Food Service Employment _____

Position Held _____

Reason for taking course: New Operator _____ Current Operator _____

Mobile/Push Cart Operator _____ Enforcement Action _____ Other _____

THE COURSE INSTRUCTION IS GIVEN OVER TWO DAYS (APPROXIMATELY 5 HOURS EACH DAY). A 80-question exam is given at the end of day two.

PLEASE CALL (585) 753-5869 FOR CLASS SCHEDULE. Also please notify us if you have difficulty reading and/or writing the English language.

APPLICANT'S SIGNATURE _____

DATE _____

THE COURSE FEE IS **\$140.00** PAYABLE BY CASH, CHECK OR MONEY ORDER WITH SUBMISSION OF THIS APPLICATION. IF PAYING BY CASH, PLEASE HAVE THE CORRECT CHANGE. NO CREDIT CARDS ARE ACCEPTED.

Please make checks payable to: **MONROE COUNTY HEALTH DEPARTMENT**

**If applying by mail, send completed form and check to: Monroe County Health Department
Food Certification, Room 1020
P.O. Box 92832
111 Westfall Road
Rochester, NY 14692**